**Please print and complete this form and send it to school with your child.**

Wallingford Swarthmore School District  
Official Absence/Tardy/Early Dismissal Note

Student ___________________________ Grade ___________ Phone No. ____________________

Absent Date(s) ___________ Reason ____________________________________________

Tardy Date ___________ Time In ___________ Reason ____________________________________________

Early Dismissal Date ___________ Time Out ___________ Reason ____________________________________________

Note: A written explanation for a child’s absence is required by the School Code of Pennsylvania.

Any absence of 3 days or more require a Doctor’s note.

__________________________________________  
Parent/Guardian Signature